

## Subcontractor Agency Identification Form

(Required)

Personal information you provide may be used for secondary purposes [(Privacy Law, s. 15.04(1)(m))].

**Please print or type in all spaces except signature.**

### Subcontract Agency

1. Agency Name	2. Contract Period																					
3. Agency Address (both street and post office box, city, state, zip code)	3. FEIN																					
4. Agency Type (check all that apply) <table border="0"><tr><td><input type="checkbox"/> Government</td><td><input type="checkbox"/> Private</td><td><input type="checkbox"/> Partnership</td></tr><tr><td><input type="checkbox"/> County</td><td><input type="checkbox"/> For Profit</td><td><input type="checkbox"/> General</td></tr><tr><td><input type="checkbox"/> Tribe</td><td><input type="checkbox"/> Not-for-Profit</td><td><input type="checkbox"/> Limited</td></tr><tr><td></td><td><input type="checkbox"/> Corporation</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Individual</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Sole Proprietorship</td><td></td></tr><tr><td><input type="checkbox"/> Consortium</td><td colspan="2"><input type="checkbox"/> Other (Specify) _____</td></tr></table>		<input type="checkbox"/> Government	<input type="checkbox"/> Private	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<input type="checkbox"/> For Profit	<input type="checkbox"/> General	<input type="checkbox"/> Tribe	<input type="checkbox"/> Not-for-Profit	<input type="checkbox"/> Limited		<input type="checkbox"/> Corporation			<input type="checkbox"/> Individual			<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Consortium	<input type="checkbox"/> Other (Specify) _____	
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	<input type="checkbox"/> Corporation																					
	<input type="checkbox"/> Individual																					
	<input type="checkbox"/> Sole Proprietorship																					
<input type="checkbox"/> Consortium	<input type="checkbox"/> Other (Specify) _____																					
5. Consortium, Partner Agency Name(s) (if applicable)																						
6. Agency Fiscal Year (check one) <input type="checkbox"/> Calendar <input type="checkbox"/> Other _____ through _____																						

### Subcontractor Agency Personnel

Director Name	Title	
Mailing Address		
E-mail Address	Telephone Number (    )    -	Fax Number (    )    -
Person Responsible for Day-to-Day Operations of this Contract		
Title		
Mailing Address		
E-mail Address	Telephone Number (    )    -	Fax Number (    )    -
Chief Financial Officer		
Title		
Mailing Address		
E-mail Address	Telephone Number (    )    -	Fax Number (    )    -

Person Responsible for Fiscal Day to Day Operations (if other than Chief Financial Officer)	Title	
Mailing Address		
E-mail Address	Telephone Number (   )   -	Fax Number (   )   -

Person to Whom Contracts and Related Documents are to be Sent	Title	
Mailing Address		
E-mail Address	Telephone Number (   )   -	Fax Number (   )   -

Person Responsible for Equal Opportunity/Civil Rights Compliance (including Affirmative Action and Limited English Proficiency)	Title	
Mailing Address		
E-mail Address	Telephone Number (   )   -	Fax Number (   )   -

The Subcontract agency must submit any revisions to the information on this form within ten (10) business days to the Department's W-2 Contract Manager.

Agency Director Name or Designee (If designee, attach Designee Authorization)	
Signature	Date of Signature